

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

STATE OF NEW MEXICO, *ex rel.*
State Engineer

Plaintiff,

vs.

ROMAN ARAGON, *et al.*,

Defendants.

69cv07941-BB

RIO CHAMA STREAM SYSTEM
Section 7: Rito de Tierra Amarilla, Rio
Brazos, Rutherford & Plaza Blanca,
Cañones Creek, Village of Chama

CERTIFICATE OF SERVICE

Edward G. Newville, attorney for the Plaintiff State of New Mexico, states that pursuant to Fed. R. Civ. P. 4(c)(1) and the New Mexico Rules of Civil Procedure 1-0004(E)(3) the following Defendants were served with process in the above-captioned matter. Service was made by certified mail (restricted delivery) addressed to the named Defendants. A copy of each Defendant's signature receipt is attached as an exhibit hereto.

<u>Defendant</u>	<u>Subfile</u>	<u>Date of Signed Receipt</u>
Jose A. Candelaria	CHRB-006-0016 CHRB-007-0009	September 28, 2006
Kathleen Gintowt	CHCC-001-0013	September 22, 2006
Charles E. Ezell	CHCC-002-0008	August 29, 2006 ca.
Maurice A. Ezell	CHCC-002-0008	July 31, 2006
Dorothy W. Ezell	CHCC-002-0008	July 31, 2006

Tommy F. Valdez CHCV-002-0012 December 20, 2006

Matthew M. Gallegos CHCV-003-0017 December 26, 2006 ca.

Dated: January 18, 2007

Respectfully submitted,

/s/ Ed Newville

EDWARD G. NEWVILLE
Special Assistant Attorney General
Office of State Engineer
P.O. Box 25102
Santa Fe, NM 87504-5102
(505) 867-7444
(505) 867-2299 facsimile

I HEREBY CERTIFY that on the 18th day of January, 2007 I filed the foregoing electronically through the CM/ECF system and served the following non-CM/ECF Participants in the manner indicated:

Via first class mail, postage prepaid addressed as follows:

Jose A. Candelaria
P.O. Box 85
Los Ojos, NM 87551

Kathleen Gintowt
1802 Monterey Drive
Gallup, NM 87301

Charles E. Ezell
P.O. Box 133
Chama, NM 87520

Maurice A. Ezell
Dorothy W. Ezell
P.O. Box 1815
Santa Fe, NM 87504

Tommy F. Valdez
P.O. Box 1181
Cortez, CO 81321

Matthew M. Gallegos
P.O. Box 323
Chama, NM 87520

/s/ Ed Newville

Edward G. Newville, Attorney for Plaintiff

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jose A. Candelaria
P.O. Box 85
Los Ojos, NM 87551

CHRB-CCG-CC16

CHRB-CC1-CC09

2. Article Number

(Transfer from service label)

7099 3220 0004 0767 6795

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☒ Addressee

B. Received by (Printed Name)

Jose A. Candelaria

C. Date of Delivery

1/18/07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kathleen Gintowt
1802 Monterey Drive
Gallup, NM 87301

CHCC-CC1-CC13

2. Article Number

(Transfer from service label)

7099 3220 0004 0767 6835

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☐ Agent☐ Addressee

B. Received by (Printed Name)

Kathleen Gintowt

C. Date of Delivery

1-22-06

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Charles E. Ezell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Charles E. Ezell P.O. Box 133 Chama, NM 87520</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3220 0005 9416 4573</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>

CHCC-002-0008

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Maurice A. Ezell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Maurice A. Ezell P.O. Box 1815 Santa Fe, NM 87504</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3220 0005 9416 4597</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>

CHCC-002-0008

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Dorothy W. Ezell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Dorothy W. Ezell P.O. Box 1815 Santa Fe, NM 87504</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3220 0005 9416 4580</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>

CHCC 002-0008

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>Tommy F. Valdez P.O. Box 1181 Cortez, CO 81321</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 12/20/04</p>
<p>RESTRICTED DELIVERY</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7099 3220 0005 9424 2936 CHCV002-0012</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>Matthew M. Gallegos P.O. Box 323 Chama, NM 87520</p>		<p>B. Received by (Printed Name) Matthew Gallegos</p>	<p>C. Date of Delivery</p>
<p>RESTRICTED DELIVERY</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>RESTRICTED DELIVERY</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7099 3220 0005 9424 2882 CHCV003-0011</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	